

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FIGHT RIGHT INC	FEC IDENTIFICATION NUMBER ▼ C C00857011
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee DIGITAL MEDIA PLACEMENT SVCS LLC		Date of Public Distribution/Dissemination 12 / 05 / 2023
Mailing Address 530-B HARKLE ROAD SUITE 100		Amount 1471959.00
City SANTE FE	State NM	Zip Code 87505
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type 	Transaction ID : SE.1 Date of Disbursement or Obligation 12 / 04 / 2023
Name of Federal Candidate HALEY, NIKKI, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 3242641.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee DIGITAL MEDIA PLACEMENT SVCS LLC		Date of Public Distribution/Dissemination 12 / 05 / 2023
Mailing Address 530-B HARKLE ROAD SUITE 100		Amount 75000.00
City SANTE FE	State NM	Zip Code 87505
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type 	Transaction ID : SE.2 Date of Disbursement or Obligation 12 / 05 / 2023
Name of Federal Candidate HALEY, NIKKI, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 3317641.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1546959.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MELTON, KAYLEN, , ,

Signature

Date

12 / 07 / 2023

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FIGHT RIGHT INC		FEC IDENTIFICATION NUMBER ▼ C C00857011
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee PRIME MEDIA PARTNERS, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 05 / 2023
Mailing Address 4201 WILSON BLVD #110-126		Amount 9471.00
City ARLINGTON	State VA	Zip Code 22203
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Transaction ID : SE.3 Date of Disbursement or Obligation MM / DD / YYYY 12 / 07 / 2023
Name of Federal Candidate HALEY, NIKKI, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 3327112.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9471.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	1556430.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MELTON, KAYLEN, , ,

Signature

Date

MM / DD / YYYY
12 / 07 / 2023